

Clinical Reporting System (CRS) Version 5.0 (2005) Software Update HEDIS Indicator List and Definitions, as of September 1, 2004

The indicators shown in the table below will be reported in the Clinical Reporting System (CRS) 2005 HEDIS report.

Proposed Development Schedule: Version 5.0 of the HEDIS report will include a new Childhood Immunizations Status indicator topic and several revised topics. Version 5.0 is anticipated to be released in mid-October 2004.

HEDIS Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
<i>Childhood Immunization Status</i> <i>Epi Program/ Amy Groom, MPH</i>	<p><i>New indicator for 2005.</i></p> <p><i>Denominator: Active Clinical patients ages 19-35 months at end of Report period.</i></p> <p><i>Numerator: Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1), including refusals, contraindications, and evidence of disease.</i></p> <p><i>Definitions: Detailed descriptions of all codes for these immunizations will be listed in the CRS 2005 User Manual, due to length.</i></p> <p><i>Patient List: Patients without ALL childhood immunizations, indicating which immunizations not received.</i></p>
Colorectal Cancer Screening	<p>Denominator: Active Clinical patients ages 50 and older <i>without a documented history of colorectal cancer</i>, broken out by gender.</p> <p>Numerators: Patients who have had colorectal screening <i>or a documented refusal</i>, defined as any of the following: a Fecal Occult Blood test (FOBT) or Rectal Exam in the past two years; flexible sigmoidoscopy or double contrast barium enema in the past five years; or colonoscopy in the past 10 years (<i>removed rigid proctosigmoidoscopy as definition</i>).</p> <p>Definitions: 1) <i>Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5.</i></p> <p>2) Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, G0107, 89205 (old); LOINC taxonomy, or site-defined taxonomy BGP GPRA FOB TESTS</p> <p>3) Rectal Exam: V76.41; V Procedure 48.24-29, 89.34 ; V Exam 14</p> <p>4) Flexible Sigmoidoscopy: V Procedure 45.22-45.25 (<i>added codes 45.23, 45.25</i>), 45.42; CPT 45330-45345, <i>G0104</i></p> <p>5) Double Contrast Barium Enema: (<i>removed procedure 87.64</i>); CPT or VRad: 74270-74280, <i>G0106, G0120</i></p> <p>6) Colonoscopy: V76.51; CPT 44388-44394, <i>44397</i>, 45355, <i>45378-45385</i>, 45387 (<i>removed 45386</i>), 45325 (old), <i>G0105, G0121</i></p> <p>7) Refusals: A) <i>FOBT: V Lab Fecal Occult Blood test, V Radiology CPT 82270, 82274, G0107, 89205;</i> B) <i>Rectal Screen: Exam 14;</i> C) <i>Flexible Sigmoidoscopy: V Radiology CPT 45330-45345, G0104;</i> D) <i>Double contrast barium enema: V Radiology CPT 74270-74280, G0106, G0120;</i> E) <i>Colonoscopy: V Radiology CPT 44388-44394, 44397, 44388-44394, 45355, 45378-45385, 45387, 45325 (old), G0105, G0121</i></p> <p>Patient List: Patients ages 52 and older, with date and code of any related test or procedure, if any.</p>

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Breast Cancer Screening (Mammogram) Epi Program/ Dr. Nathaniel Cobb	<p>Denominator: Female Active Clinical patients ages 52 through 69, without a documented bilateral mastectomy <i>or two separate unilateral mastectomies</i>.</p> <p>Numerator: 1) Patients with documented mammogram in past two years or refusal <i>in past year</i>.</p> <p>Definitions: 1) Bilateral Mastectomy: <i>V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48</i></p> <p>2) Unilateral Mastectomy: <i>Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47</i></p> <p>3) Mammogram: A) V Radiology or V CPT: 76090, 76091, 76092; B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37; D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat; 4) Refusal Mammogram: <i>V Radiology MAMMOGRAM</i></p> <p>Patient List: Patients in the denominator, with date and code of procedure, if any.</p>
Cervical Cancer Screening (Pap Smear) Epi Program/ Dr. Nathaniel Cobb	<p>Denominator: Female Active Clinical patients ages 18 through 64 without a documented history of hysterectomy.</p> <p>Numerators: 1) Patients with documented pap smear in past three years or refusal <i>in past year</i>.</p> <p>Definitions: 1) Hysterectomy: V Procedure: <i>68.4-68.8 (revised from 68.3, 68.7, 68.9); CPT 51925, 56308, 58150, 58152, 58200-58294 (removed 58180), 58550-54, 58951, 58953-58954, 59135, 59525</i>.</p> <p>2) Pap Smear: A) V Lab: PAP SMEAR; B) POV: V76.2; C) V Procedure: 91.46; D) V CPT: 88141-88167, <i>88174-88175</i>; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy; G) Site-defined taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear (<i>removed Exam 15 (Pelvic)</i>)</p> <p>Patient List: All patients in the denominator, with date and code of test, if any.</p>
Chlamydia Screening in Women	<p>Denominator: 1) Female Active Clinical patients ages 16 through 25.</p> <p>Numerator: Patients tested for Chlamydia during the Report period.</p> <p>Definitions: Chlamydia: V73.88, V73.98; CPT: 87110, 87270, 87320, (<i>removed 87485-87487; not for genital Chlamydia infection</i>), 87490-87492, 87810; site-defined taxonomy BGP GPRA CHLAMYDIA TESTS; LOINC taxonomy</p> <p>Patient List: Patients with no documented screening.</p>
Controlling High Blood Pressure Dr. James Galloway/ Mary Wachacha (CVD Pilot Sites)	<p>Denominator: Active Clinical patients ages 46 through 85 diagnosed with hypertension.</p> <p>Numerators: 1) Patients with BP values documented.</p> <p>2) Patients with adequately controlled BP, <=140/90.</p> <p>Definitions: 1) Hypertension: Diagnosis (POV or problem list) 401.* (<i>changed from 401.*-405</i>) prior to the Report period, and at least one hypertension POV during the Report period.</p> <p>2) BP Values (both numerators): Uses the last 2 blood pressures documented on non-ER visits for the patient in the past two years. If the systolic and diastolic values do not BOTH meet one of the two categories listed above, then the value that is <u>least</u> controlled determines the category.</p> <p>Patient List: Patients in the denominator, with BP value, if any.</p>

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Cholesterol Management After Acute Cardiovascular Event	<p>Denominator: Active Clinical patients diagnosed with ischemic disease prior to the Current Report period and with at least two CVD-related visits any time during the Current Report period. <i>Broken down by gender.</i></p> <p>Numerators: 1) Patients with LDL completed, regardless of result. 2) Patients with LDL <= 100 3) Patients with LDL 101-130</p> <p>Definitions: 1) Ischemic Heart Disease: One visit prior to the Current Report period AND 2 or more visits any time during the Current Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). 2) LDL: For each of the tests described in the numerators, finds the last test done during the Current Report period. CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX.</p> <p>Patient List: Patients diagnosed w/ CVD, w/ LDL value, if any.</p>
Comprehensive Diabetes Care Diabetes Program/ Dr. Charlton Wilson	<p>Denominator: <u>Active Diabetic patients</u>, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.</p> <p>Numerators: 1) HbA1c Tested: Patients with Hemoglobin A1c documented during the Report Period, regardless of result. 2) Poor Glycemic Control: Patients with HbA1c greater than (>) 9.5 <i>or patients with no test or a test with no value.</i> 3) Eye Exam Performed: Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam. 4) LDL Screening: Patients with LDL completed during the Report Period, regardless of result. 5) Controlled LDL: Patients with LDL less than (<) 130. 6) Controlled LDL: Patients with LDL less than or equal to (<=) 100. 7) Kidney Disease Monitored: Patients who have received nephropathy screening, defined as patients who have had a positive urine protein test or any <i>non-null</i> microalbuminuria test result during the Current Report period. 8) <i>Kidney Disease Monitored: Patients who have evidence of nephropathy.</i> 9) <i>Comprehensive Care: Patients who had all of the following: HbA1c tested AND eye exam performed AND LDL screening performed AND nephropathy assessment (i.e. nephropathy screening or evidence of nephropathy).</i></p> <p>Definitions: 1) HbA1c: CPT 83036; LOINC taxonomy; or site-defined taxonomy DM AUDIT HGB A1C TAX. 2) Retinal Screening: A) Diabetic Retinal Exam: Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam or Refusal Exam 03; B) Other Eye Exam: Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics, and non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92250, 92002, 92004, 92012, 92014, 92015. 3) LDL Screening: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. 4) Nephropathy Screening: Detailed descriptions of all codes for Nephropathy Screening will listed in the CRS 2005 User Manual, due to length. 5) Evidence of Nephropathy: Detailed descriptions of all codes for Evidence of Nephropathy will listed in the CRS 2005 User Manual, due to length.</p> <p>Patient List: Diabetic patients w/documenteds tests, if any.</p>

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Medical Assistance with Smoking Cessation	<p>No changes from 2004</p> <p>Denominator: Active Clinical patients identified as current tobacco users prior to the Report period.</p> <p>Numerators: 1) Patients who have received tobacco cessation counseling during the Report period. 2) Patients counseled during the Report period on smoking cessation medications.</p> <p>Definitions:</p> <p>1) Current Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10, 305.11, 305.12 or V15.82. C) Dental code 1320</p> <p>2) Tobacco Cessation Counseling: Patient Education codes containing “TO-Q”, code TO-LA; Clinic Code 94, or Dental Code 1320</p> <p>3) Smoking Cessation Medications: Patient Education code TO-M</p> <p>4) Quit Smoking: POV or Current Active Problem List 305.13, Health Factors Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless.</p> <p>Patient List: Tobacco users, with counseling, if any.</p>
Flu Shots for Adults Ages 50-64 Epi Program/ Amy Groom, MPH	<p>Denominator: All Active Clinical patients ages 50-64.</p> <p>Numerator: Patients with Influenza vaccine documented during the Report period, including refusals during past year.</p> <p>Definitions: 1) Influenza Vaccine: Immunization/CVX codes 15, 16, 88, or 111; POV V04.8, <i>V04.81</i>, V06.6; CPT 90655, <i>90656</i>, 90657-90660, 90724; ICD Procedure 99.52</p> <p>2) Refusal of Influenza Vaccine: Immunization/CVX codes: 15, 16, 88, or 111</p> <p>Patient List: Patients ages 50-64 w/ IZ code/date, if any.</p>
Flu Shots for Older Adults Epi Program/ Amy Groom, MPH	<p>Denominator: All Active Clinical patients ages 65 and older.</p> <p>Numerator: Patients with Influenza vaccine documented during the Report period, including refusals during past year.</p> <p>Definitions: 1) Influenza Vaccine: Immunization/CVX codes 15, 16, 88, or 111; POV V04.8, <i>V04.81</i>, V06.6; CPT 90655, <i>90656</i>, 90657-90660, 90724; ICD Procedure 99.52</p> <p>2) Refusal of Influenza Vaccine: Immunization/CVX codes: 15, 16, 88, or 111</p> <p>Patient List: Patients => 65 yrs w/ IZ code/date, if any.</p>
Pneumonia Vaccination Status for Older Adults Epi Program/ Amy Groom, MPH	<p>No changes from 2004.</p> <p>Denominator: 1) Active Clinical patients ages 65 or older.</p> <p>Numerator: 1) Patients with pneumovax documented ever or who have refused a pneumovax vaccine in the past year.</p> <p>Definitions: 1) Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669</p> <p>2) Refusal of Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109</p> <p>Patient List: Patients =>65 yrs w/ IZ code/date, if any.</p>

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Annual Dental Visit	<p>Denominators: 1) User Population patients ages 3-21, <i>broken down by age groups.</i> 2) Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report period, AND at least 2 visits during the Report period, AND 2 DM-related visits ever.</p> <p>Numerator: Patients with documented dental visit during the Report period, <i>including refusals during past year.</i></p> <p>Definitions: 1) Dental Visit: Dental ADA Code 0000 or 0190, Exam Code 30 2) <i>Refusal of Dental Exam: Exam Code 30</i></p> <p>Patient List: 1) User Population denominator: Patients with documented dental visit only. 2) Active Diabetic denominator: Diabetic patients with documented dental visits, if any.</p>